

NEW REPORT OF THE SURGEON GENERAL OF THE UNITED STATES ON

" SMOKING AND HEALTH "

The so-called "Cigarette Labeling Act" of 1965 subjected the Federal Trade Commission and the Department of Public Health to the obligation to submit every year a report to the House of Representatives of the United States, for the first time as of June 30, 1967.

The Federal Trade Commission submitted its first report on the effect of the warnings imprinted and the practical aspect of American cigarette promotion in accordance with the set date. The result is a recommendation to emphasize to a greater extent the imprinted warning, to establish the requirement that such imprint be applied also to promotion, and to imprint the condensate and nicotin values.

The report of the Department of Public Health concerning the stage of progress made in research was drawn up earlier, in July, and published August 20, 1967.

The summary under the title "Surgeon General's Report on the Health Consequences of Smoking - 1967" was made available to the newspapers in the middle of July 1967.

The authors recommend a much clearer formulation of the printed warnings ("May be harmful" is not sufficient, it is stated); to advise the consumer of the condensate and nicotin values and recommend to require both also in promotion. In addition, the packings are to be given text listing the "com-

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ponents detrimental to health" contained in the smoke.

The new report of the Department of Public Health bases its analysis on the question as to whether, after publication of the so-called Terry Report of January 1964, new scientific findings have been made according to which the then conclusions could be questioned.

Whereas the literature on this subject covered about 3,000 examinations prior to the publication of the Terry Report, about 2,000 new examinations have been published since 1964.

Now the reporters come to the conclusion that the consequences of the report of 1964 are not questioned on account of any of the new results of studies made. Today the conclusions of the former report can be considered better founded.

As far as the report can be judged on the basis of the available summary, the following is to be noted:

Also the new report bases itself almost exclusively on the known statistics which meantime have been continued and thus cover a period of time which is longer than that used in 1964.

Since the conclusions of the Terry Report of 1964 were also based on these statistics, it is not expected that the additional information now available from these statistics could give rise to different conclusions because the methods and the scientific material are completely the same.

2. Apparently the authors of the report of 1967 did not take into account the known critical comments on the Terry Report of 1964.

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This critical comment is found among other statements

- a. in the book by H.J.Eysenck entitled "Smoking, Health and Personality";
 - b. in the publication by K.A.Brownlee entitled "A Review of Smoking and Health" in the Journal of the American Statistical Association, 60 (1965) 722;
 - c. in a study by A.S.Donahoe under the title "Other Side of the Report" in Time Dispatch of 1/19/1964;
 - d. in the statement by Brownlee, Saiger, Moran, Donahoe and other authors on the occasion of the hearings before the Investigating Committee of the House of Representatives in 1965. These hearings were carried out to prepare the so-called "Cigarette Labeling Act" and include much more critical comment on the conclusions of the Terry Report than any other publication.
3. The reasoning of the Report of 1967 is apparently more superficial than the Terry Report of 1964. The following example may illustrate this:
- a. On Pages 21 and 22 it reads under the heading "Measures of Exposure" that it is of extremely great significance for the statistical coverage of the relationship between smoking and damage to health, to compile clear-cut data on the amount and duration of cigaret consumption, inhalation, individual smoking habits (length of stump),etc. and to put these data together to obtain usable indexes. The thorough discussion of these factors ends without a recognizable relationship in the meaning, with the

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statement that a contingency of the effects on health upon the dosage can today be considered as established and that the risks which are connected with cigarette smoking, are known. Any proof for this allegation (Page 22) is lacking.

b. The Terry Report of 1964 discussed the question with considerable carefulness as to whether it is permitted to draw conclusions from the statistical relationship to a causal background. It emphasized the necessity of selecting multifactor points in such analyses, and to examine the reliability of the statistical data with great carefulness. On the other hand, the Report of 1967 does not dwell on such scientific misgivings. Wherever such statistical relationship is to be shown, the new report speaks almost exclusively of causal relationships.

c. It is known that there are statistical relationships between the smoking and a number of diseases. On the other hand, it is disputed to which extent these relationships are existent. Whereas the Terry Report discussed this problem with great care pointing to the deficiencies of statistical investigations, this point is no longer examined at all by the authors of the report of 1967. They assume, without new evidence, that the alleged extent of this relationship is established.

4. Since statistical investigations (contrary to customary impression) cannot provide evidence of causal relationship, other statistical analyses would be required than merely statistical

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figures to permit us to draw conclusions as to causal relationship. Such other analyses (for example experiments with animals) are, however, hardly mentioned in the new report.

Still, it is stated without any further proof that an essential part of premature cases of death and premature work disability would not have occurred if the persons concerned would not have smoked. Also, it is maintained that none of the premature cases of death due to lung cancer would have occurred if the deceased would not have smoked. The same statement is extended to apply to the chronic diseases of the bronchial tract (bronchitis, emphysema) and the diseases of the cardiac circulatory system (Page 2).

The authors of the report of 1967 give the appearance as if smoking be the sole cause of lung cancer, and allege that there would be no lung cancer if there would be no smoking.

Whereas research work all over the world intends to examine by methods other than epidemiological methods as to whether the statistical relationship can be interpreted in terms of causality, the authors of the report of 1967 state, it is true, that apart from the epidemiological investigations other evidence would be required but then they quote statistical figures as proof of their hypotheses in an exclusive manner.

The question as to the substances contained in tobacco smoke which could cause lung cancer, and the manner in which such a damaging process could develop biologically, is no longer dis-

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cussed in the report at all.

5. Also the new results of research cannot provide an answer to the following problems:

- a. If smoking is considered the sole or main cause of lung cancer, the question must be raised why, with about 95% of even the strong smokers, no lung cancer appears.
- b. If smoking and other causes act together in the development of the diseases under discussion, then it is necessary to go into the other causes as well and to take their influence into account.
- c. The significance of the various factors can only be defined in the right way if clean-cut statistical analyses are carried out which are apt to provide for an estimate of the extent and nature of the coaction. This has not been done in the Terry Report of 1964 either.

5. The new report attaches considerable weight to the diminution of the risk of illness which becomes statistically recognizable when smoking is discontinued.

This observation is erroneously seen as a support for a causal relationship because from experiments with animals and from industrial medicine it is known that cancerogenes lead to tumor formation also after termination of exposure many years later. In Japan mustard gas was made only up to 1945; the cancer

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cases caused thereby appear only today.

If the statistical risk decreases upon termination of smoking, then this could definitely be regarded a reason for doubting that tobacco smoke contains cancerogenes.

6. The small statistical risk of pipe and cigaret smokers has been discussed several times. Still, up to this day it is completely obscure as to which statistical risk can be computed for inhaling cigar smokers and inhaling pipe smokers. Apparently such experiments have not been carried out. A great part of the pipe and cigar smokers who have smoked cigarettes in former times, have the habit of inhaling.

Summary

- a. The report of 1967 shows again statistical relationships between smoking and a number of diseases. No analysis is made of the question as to whether these statistical relationships can be interpreted in terms of causality. No further results of research are available on this point.
- b. The published criticism of the Terry Report of 1964 is passed over in the Report of 1967. The critical comment should have given rise to further research and above all new areas of research should have been explored apart from statistics.
- c. All this has not been done. Consequently, the report of 1967 does not give rise to considerations according to which the

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the numerous critical comments on the Terry Report of 1964 would be regarded as refuted or outdated.

d.A detailed opinion can only become possible after the whole report is before us which has probably the extent of the so-called Terry Report.

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